

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766							
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td>02</td><td>2016</td></tr> </table>		M	M	M	09	02	2016
M	M	M							
09	02	2016							

Full Name of Payee <b>Campaign Graphics</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td>01</td><td>2016</td></tr> </table>			M	M	M	09	01	2016
M	M	M									
09	01	2016									
Mailing Address 1229 N. Wakonda Street			Amount <table border="1" style="display:inline-table"> <tr><td colspan="6">441.89</td></tr> </table>			441.89					
441.89											
City Flagstaff	State AZ	Zip Code 86004	Transaction ID : SE.6314								
Purpose of Expenditure Lapel stickers and shirts for canvassers NC		Category/ Type 006	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td>01</td><td>2016</td></tr> </table>			M	M	M	09	01	2016
M	M	M									
09	01	2016									
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC								
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____								

Full Name of Payee <b>Campaign Graphics</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td>01</td><td>2016</td></tr> </table>			M	M	M	09	01	2016
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09	01	2016									
Mailing Address 1229 N. Wakonda Street			Amount <table border="1" style="display:inline-table"> <tr><td colspan="6">441.89</td></tr> </table>			441.89					
441.89											
City Flagstaff	State AZ	Zip Code 86004	Transaction ID : SE.6316								
Purpose of Expenditure Lapel stickers and shirts for canvassers NC		Category/ Type 006	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td>01</td><td>2016</td></tr> </table>			M	M	M	09	01	2016
M	M	M									
09	01	2016									
Name of Federal Candidate ROSS, DEBORAH K, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC								
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____								

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td colspan="6">883.78</td></tr> </table>	883.78					
883.78							
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<table border="1" style="display:inline-table"> <tr><td colspan="6"></td></tr> </table>						
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td colspan="6"></td></tr> </table>						

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,*

[Electronically Filed]

Date

M	M	M
09	02	2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 09 / 02 / 2016</div>	

Full Name of Payee <b>Headway Work Force Solutions, HWS, , ,</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 09 / 01 / 2016</div>	
Mailing Address 421 Fayetteville St #1020		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">46500.00</div>	
City Raleigh	State NC	Zip Code 27601	Transaction ID : <b>SE.6306</b>
Purpose of Expenditure Projected payroll for canvassers 9/1/16-9/31/16 NC		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 09 / 01 / 2016</div>
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">113860.19</div>	
		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>Headway Work Force Solutions, HWS, , ,</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 09 / 01 / 2016</div>	
Mailing Address 421 Fayetteville St #1020		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">46500.00</div>	
City Raleigh	State NC	Zip Code 27601	Transaction ID : <b>SE.6308</b>
Purpose of Expenditure Projected payroll for canvassers 9/1/16-9/31/16 NC		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 09 / 01 / 2016</div>
Name of Federal Candidate ROSS, DEBORAH K, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">92485.19</div>	
		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">93000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,*

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Date

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Signature

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2016	

Full Name of Payee <b>Headway Work Force Solutions, HWS, , ,</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020		Amount 5000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6310
Purpose of Expenditure Projected Mileage for canvassers 9/1/16-9/31/16 NC		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		118860.19	

Full Name of Payee <b>Headway Work Force Solutions, HWS, , ,</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020		Amount 5000.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6312
Purpose of Expenditure Projected Mileage for canvassers 9/1/16-9/31/16 NC		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2016
Name of Federal Candidate ROSS, DEBORAH K, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		97485.19	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	103883.78

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

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Date

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Signature